

**DIVISION DIRECTOR SIGNATURE**

I authorize the employee named on this form to obtain a Government purchase card.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**CITIBANK® GOVERNMENT PURCHASE CARD SETUP FORM**

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input by the Cardholder.

**SECTION I****INSTRUCTIONS**

1. To add a new account, Cardholder completes Section IV and signs in Section VI, A/OPC completes Sections II, III, and V, then signs in Section VII.
2. Maintain a copy in the Cardholder and Agency/Organization Program Coordinator's files.
3. Fax completed form to 605-357-2092 or mail to Citibank® Government Services, P.O. Box 6125, Sioux Falls, SD 57117-6125.

**SECTION II****REPORTING PARAMETERS**

\*Reporting Hierarchy: (1) \_\_\_\_\_

\*Processing Unit ID#: (2) \_\_\_\_\_ (maximum 5 characters)

**SECTION III****(3) \*PLASTIC TYPE** (Please check one of the following)

Government Standard \_\_\_\_\_ Quasi-Generic \_\_\_\_\_ Non-POS (White) \_\_\_\_\_

**SECTION IV****CARDHOLDER INFORMATION** (Please Print)

(4) \_\_\_\_\_

\*First Name of Cardholder \_\_\_\_\_ \*Middle Initial \_\_\_\_\_ \*Last Name (maximum 20 characters) \_\_\_\_\_

(5) \_\_\_\_\_ (6) ( ) \_\_\_\_\_

\*Agency/Organization Name (maximum 24 characters) \_\_\_\_\_ \*Business Phone \_\_\_\_\_

(7) \_\_\_\_\_ (8) ( ) \_\_\_\_\_

4th Line Embossing (maximum 20 characters/data on Front of Card) \_\_\_\_\_ Fax Number \_\_\_\_\_

(9) \_\_\_\_\_ (10) \_\_\_\_\_

\*Business Mailing Street Address Line 1 (maximum 36 characters) \_\_\_\_\_ Last 4 digits of Social Security Number \_\_\_\_\_

Business Mailing Street Address Line 2 (maximum 36 characters) \_\_\_\_\_ (11) \_\_\_\_\_

\*Verification Information/Service Compensation Date (SCD) \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_ Country \_\_\_\_\_

(12) \_\_\_\_\_

E-mail Address \_\_\_\_\_

(13) \_\_\_\_\_

Master Accounting Code (maximum 75 characters) \_\_\_\_\_

(14) \_\_\_\_\_ (14) \_\_\_\_\_

Discretionary Code 1 (maximum 12 characters) \_\_\_\_\_ Discretionary Code 2 (maximum 20 characters) \_\_\_\_\_

(14) \_\_\_\_\_

Discretionary Code 3 (maximum 15 characters) \_\_\_\_\_

**SECTION V****AUTHORIZATION PARAMETERS**

(15) \*Cycle Limit \$: \_\_\_\_\_ (19) \*MCC Template Name: \_\_\_\_\_

(16) Dollars per Transaction Limit \$: \_\_\_\_\_ (20) If eligible for Convenience Checks, maximum payment amount equals \$: \_\_\_\_\_

(17) Number of Transactions per Cycle: \_\_\_\_\_ (21) Convenience Checks: Y \_\_\_\_\_ N \_\_\_\_\_ 2 Bks \_\_\_\_\_ 6 Bks \_\_\_\_\_

(18) Number of Transactions per Day: \_\_\_\_\_

**SECTION VI****(22) CARDHOLDER SIGNATURE**

I understand that the Card is to be used for official purchases only. I understand that it is my responsibility to notify Citibank at 800-790-7206, (overseas call collect at 904-954-7850) immediately if my card is lost or stolen.

\*Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION VII****(23) AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE AND PHONE NUMBER**

\*Approving Agency/Organization Program Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Approving Agency/Organization Program Coordinator's Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

\*Approving Agency/Organization Program Coordinator's Business Phone Number (with area code or country code) \_\_\_\_\_

\*Approving Agency/Organization Program Coordinator's Fax Phone Number (with area code or country code) \_\_\_\_\_

\*Asterisked fields must be completed prior to submission.

Numbers in parentheses correspond to numbers on guide sheet on next page.

**Global Transaction Services**

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